

FAUQUIER COUNTY GOVERNMENT AND PUBLIC SCHOOLS

PROCUREMENT DIVISION

320 Hospital Drive Ste. 23

Warrenton, Virginia 20186

Phone: (540) 428-8713

Fax: (540) 347-5753

NOTICE OF CONTRACT AWARD

1. DATE: June 29, 2006
2. COMMODITY NAME: Medical Services
3. CONTRACT NUMBER: 90-06smc
4. SUPERCEDES: 110-01c
5. CONTRACT PERIOD: June 29, 2006 through June 29, 2007
6. RENEWAL OPTIONS: Four (4) one-year renewals
7. FIRM: Fauquier Physicians Mgmt Service, Incorporated
FCG&PS VN: 639649 d/b/a **Countryside Family Practice**
FIN# 54-03641581 8452 Renalds Ave, PO Box 337
Marshall, VA 20186
PH (540) 364-1581 FX (540) 364-7314
8. TERMS: Net 45 days
9. FOR FURTHER INFORMATION CONTACT: Susan R. Monaco, CPPB
PH (540) 428-8713

NOTICE TO ALL FAUQUIER COUNTY GOVERNMENT AND PUBLIC SCHOOL USING DEPARTMENTS: This contract is the result of a competitive bid program and its use must follow the FCG&PS Procurement Policy/Procedures for the purchase of the commodity listed herein. Please see the reverse side of this notice for further instructions regarding this contract.

By: _____
Susan R. Monaco, CPPB
Procurement Manager

INSTRUCTIONS

1. Orders: All FCG&PS Using Departments must order services listed by issuing FCG&PS Purchase Orders per FCG&PS Procurement Procedures Manual. An extra copy of the Procedures Manual can be obtained by calling Procurement at (540) 428-8717 or 8720.
2. The applicable contract number, vendor number, estimated total dollar amount (can be done as a "Not to exceed" estimated figure), contact person with phone number, and billing/delivery address must be shown on each purchase order for Finance & Firm use.
3. Inspection of services performed and approval of Firm's invoice is the responsibility of the receiving using department.
4. Any complaint as to quality of services, faulty or delinquent delivery, or violation of contract provisions by contractor shall be reported to FCG&PS Procurement for handling with the Firm. All complaints must be submitted in writing and can be forwarded to Procurement via fax or courier.
5. Renewals: As stated on the face of this notice, four (4) one-year renewals are on this contract. Renewal notification will be issued by the Contract Officer, with input requested from the using departments, approximately ninety (90) days in advance of the expiration date of the current term.
6. Price Adjustments: Changes to contract prices will be negotiated only at the time of renewal. All price increases must be approved by the Contract Officer. Contract users will be sent notification of contract change from the Procurement office as official notification of such changes, if approved.
7. Firm Hours, Contact and Billing Information:

<u>Hours:</u>	Monday – Friday, 7:30 a.m. – 5:00 p.m.
<u>Appointment scheduling:</u>	Heather Ramser, 540-364-1581, 7:30 – 4:00
<u>Billing/Account questions:</u>	Linda Spencer, Practice Manager, 540-364-1581

Using Departments are advised to send a physical form, and cover form (generic form attached for your use) stating date of appointment, full billing address, and all other pertinent information with employee(s) or potential employee(s) at the time of the appointment, for ease of contract/information management.

Fauquier County Government and Public Schools

Contract # 90-06smc

Medical Services, Countryside Family Practice

Contract Price Schedule

Physical Exam	\$ 90.00
EKG	\$ 50.00
Chest X-ray, with interpretation	\$ 70.00
Pulmonary Function Testing	\$ 55.00
Audiometry	\$ 20.00
(Lab) CBC, Lipid, CMP, U/A	\$ 75.00
(Lab) HIV/Drug Screening	\$ 55.00
PPD (TB Testing)	\$ 12.00
DT (Tetanus) injection	\$ 35.00
Stress Testing, with interpretation	\$ 200.00
Visual Exam (Optec 2000)	\$ 15.00

Note: Routine, non-DOT drug screens only performed by this firm, per their proposal submission.

(INSERT YOUR DEPARTMENT LETTERHEAD HERE)

Include a contact person, phone, fax, and e-mail if available, and account number if available

MEDICAL SERVICES, CONTRACT# 90-06C
Cover Form for Services

Service Provider/Physician: _____

Address: _____

Phone/Fax: _____

The undersigned individual is being sent to your office for the medical service indicated.

Please provide services solely based on the form attached; any deviation from services, or testing/services provided above and beyond what the form specifically requires, will not be paid for unless prior authorization is received from the billing department listed above.

Invoices for services rendered must be based on the contract prices on file, and sent directly to the department listed above for payment, which will occur within forty-five (45) days from date of service or receipt of accurate invoice, whichever occurs later. **The attached form is due within twenty-four hours of services rendered, with the exception of blood work which is due within seven business days of samples being drawn; forms will be obtained as noted below.**

Type of Service Provided (Check what applies):

_____ Pre-Employment Physical _____ Annual Physical _____ ADHD Diagnosis, Students

_____ Pre-Employment Drug Test _____ Drug Test, Random _____ Alcohol Test, Random

_____ Bus Driver Physical

Patient's Name: _____

Print legibly, please

Date/Time of Appointment: _____

Billing Account # _____

The attached service form, completed in all areas, ready within twenty-four hours of service date, will be obtained by:

_____ PICK UP BY DEPARTMENT LISTED ABOVE, or

_____ Mailed to Department listed above.

As the Department/Agency listed above is paying for these services, completed forms are not to be sent out with the patient. Any and all invoices and correspondence relating to this service should be sent to the agency specified on the letterhead that appears above. Thank you for your assistance and cooperation!